

Revision: HCFA-PM-85-14 (BERC)
SEPTEMBER 1985

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OMB No.: 0938-0193

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

STATE: GEORGIA

A. The following charges are imposed on the categorically needy for services other than those provided under Section 1905(a)(1) through (5) and (7) of the Act.

Service and Basis for Determination	Deduct.	Type of Charge		Amount
		Coins	Co-pay.	
Ambulatory Surgical Centers			x	\$3.00
Rural Health Centers			x	2.00

A co-payment study was conducted by the Georgia Office of Planning and Budget and the Department of Medical Assistance. This study was conducted within Georgia and a comparison study with other states was also completed. The standard co-payment amount for services was determined by applying the maximum co-payment amounts specified in 42 CFR 447.54(a) and (b) to the agency's average or typical payment for that service. The study indicated that persons who receive SSI, SSD, and other state assistance would not suffer undue hardship, nor was it unreasonable that they be asked to pay a percentage of their income as a co-payment.

TN No. 94-024
Supersedes
TN No. New

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Service and Basis for Determination	Deduct.	Type of Charge		Amount
		Coins	Co-pay.	
Federally Qualified Health Centers [Community Health Center Services (CHC)]			x	\$2.00

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TN No. 94-031
Supersedes
TN No. NEW

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

STATE: GEORGIA

A. The following charges are imposed on the categorically needy for services other than those provided under Section 1905(a)(1) through (5) and (7) of the Act.

Service and Basis for Determination	Deduct.	Type of Charge		Amount
		Coins	Co-pay.	
Inpatient Hospital Services			x	\$12.50

Recipients affected by the co-payment are limited to adult recipients of Supplemental Security Income (SSI) benefits, certain other adult disabled and aged recipients and parents of children receiving Aid to Families with Dependent Children (AFDC) benefits. Children under age twenty-one, pregnant women, nursing home residents, and hospice care recipients are not required to pay this co-payment. Emergency services and family planning services received by Medicaid recipients do not require a co-payment.

A co-payment study was conducted by the Georgia Office of Planning and Budget and the Department of Medical Assistance. This study was conducted within Georgia and a comparison study with other states was also completed. The standard co-payment amount for services was determined by applying the maximum co-payment amounts specified in 42 CFR 447.54(a) and (b) to the agency's average or typical payment for that service. The study indicated that persons who receive SSI, SSD, and other state assistance would not suffer undue hardship, nor was it unreasonable that they be asked to pay a percentage of their income as a co-payment.

TN No. 94-036
Supersedes
TN No. New

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State: GEORGIA

- B. The method used to collect cost sharing charges for categorically needy individuals:
- ☒ Providers are responsible for collecting the cost sharing charges from individuals.
- ☐ The agency reimburses providers the full Medicaid rate for services and collects the cost sharing charges from individuals.
- C. The basis for determining whether an individual is unable to pay the charge, and the means by which such an individual is identified to providers, is described below:

Providers accept the recipients' word as to their ability to pay the co-payment.

TN No. <u>93-29</u>	Approval Date <u>3-10-94</u>	Effective Date <u>7-1-93</u>
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TN No. <u>85-24</u>		

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

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- D. The procedures for implementing and enforcing the exclusions from cost sharing contained in 42 CFR 447.53(b) are described below:

Exclusions are determined by edits and audits of the claims payment system.

- E. Cumulative maximums on charges:

☒ State policy does not provide for cumulative maximums.

☐ Cumulative maximums have been established as described below:

TN No. <u>93-29</u>	Approval Date <u>3-10-94</u>	Effective Date <u>7-1-93</u>
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TN No. <u>85-24</u>		